

SCHOOL RETIREMENT SYSTEM OF THE STATE OF NEBRASKA

Retirement No. _____

VERIFICATION OF SERVICE RECORD

This is to certify that the school record of _____, Nebraska, shows the following periods of school services for (name) _____, Social Security Number _____ - _____ - _____

EMPLOYMENT IN NEBRASKA PUBLIC SCHOOLS:

From			To			Position	Months of which service contracted	Actual no. of days employed	Date Status of Employment (must choose one)			School	Annual Salary
Month	Day	Year	Month	Day	Year				Full time	Exact % of time employed each day	Less than half time		

(A true statement, made under penalty of perjury)

This form must be signed by one of the following:
City Superintendent, Administrator, Personnel Director,
Authorized Reporting Agent, County Clerk, or County Official

NAME _____
TITLE _____
ADDRESS _____

